



Texas Department of Insurance, Division of Workers' Compensation  
Medical Fee Dispute Resolution, MS-48  
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

Requestor's Name and Address:

Southwest Center Medical  
7125 Marvin D. Love #107  
Dallas, TX 75203

MFDR Tracking #: M4-08-3671-01

DW

Injured

Date

Respondent Name and Box #:

Travelers Property & Casualty  
Rep. Box #: 05

Employer

Insurance

### PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary taken from the Table of Disputed Services: "Testing procedure allowed. Carrier denied incorrectly."

Principle Documentation:

1. DWC 60 package
2. Total Amount Sought - \$72.48
3. CMS 1500s
4. EOBs
5. PPE Report

### PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "...The Provider's Request for Medical Dispute Resolution involves two dates of service from CPT Code 97750. As shown by the attached CPT code excerpt, CPT code is for a functional capacity evaluation. The reference notes for the CPT code specifically state range of motion measurements are not coded under the CPT code. In reviewing the Provider's documentation, however, you will notice the only service substantiated by the report is range of motion testing. The Provider submitted the billing to the Carrier for reimbursement. As the CPT code book [sic] demonstrates, the use of CPT Code 97750 requires a written report of the functional capacity evaluation. The provider's submitted report does not document a functional capacity evaluation was performed, but rather documents range of motion testing... reimbursement was denied on the basis that the functional capacity evaluation was not documented by a written report consistent with the CPT code requirement..."

Principle Documentation:

1. Response to DWC 60
2. Copy page from AMA CPT Code book for dispute CPT Code

### PART IV: SUMMARY OF FINDINGS

| Eligible Dates of Service (DOS) | CPT Codes and Calculations | Denial Codes  | Part V Reference | Amount Ordered |
|---------------------------------|----------------------------|---------------|------------------|----------------|
| 03/14/07                        | CPT Code 97750             | Edit (W1), 97 | 1 - 4            | \$0.00         |
| 03/21/07                        | CPT Code 97750             | Edit (W1), 97 | 1 - 4            | \$0.00         |
| <b>Total Due:</b>               |                            |               |                  | <b>\$0.00</b>  |

### PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Texas Labor Code Section 413.011(a-d), titled *Reimbursement Policies and Guidelines*, and Division Rule 134.202, titled *Medical Fee Guideline* effective August 1, 2003, set out the reimbursement guidelines.

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

1. These services were denied by the Respondent with reason code "Edit (W1) – Workers Compensation State F/S Adj. Payment denied based on Medicare Payment Policy" and "97 – Payment is included in the allowance for another service/procedure. This procedure is considered integral to the primary procedure billed."
2. The Respondent states in their response that CPT Code 97750 is for a functional capacity evaluation. According to 28 TAC Section 134.202(e)(4) modifier –FC attached to the CPT code is required to bill for a Functional Capacity Evaluation, the Requestor did not attach the prescribed modifier; therefore, this CPT code would be categorized as a physical performance test. According to the CPT code descriptor this code is used for a physical performance test or measurement (e.g. Musculoskeletal, functional capacity), with written report, each 15 minutes. For muscle testing, joint range of motion, electromyography or nerve velocity determinations CPT codes 95831 – 95904 should be utilized. Review of the submitted documentation reveals the claimant underwent both muscle and range of motion testing. Per Rule 28TAC Section 134.202(b) the Requestor billed using the improper CPT code.
3. The Respondent submitted the reconsideration EOB dated 09/06/07 denying the services as global. According to 28TAC Section 134.202(b) CPT Code 97750 is considered a component procedure of CPT Codes 97140 and 97530. Separate payment may be considered justifiable if a modifier is used appropriately.
4. Per 28 TAC Section 134.202(b) reimbursement is not warranted.



#### PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Section. 413.011(a-d), Section. 413.031 and Section. 413.0311  
28 Texas Administrative Code Section. 134.1, Section. 134.202  
Texas Government Code, Chapter 2001, Subchapter G

#### PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Section 413.031, the Division has determined that the Requestor is not entitled to reimbursement for the services involved in this dispute.

#### DECISION:

  
Authorized Signature  
Medical Fee Dispute Resolution Officer

3/14/08  
Date

#### PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within 20 (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**

[REDACTED]

[REDACTED]